

**CITY OF MOUNTAIN VIEW
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street
P.O. Box 7540
Mountain View, CA 94039-7540**

UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: _____ Type of Utility: _____
Name of Billing Agent (if applicable): _____
Company FEIN: _____
Company Contact: _____
Mailing Address: _____ E-Mail Address: _____

Telephone Number: _____

For the Collection Period: _____ —

Due Date: On or before the last day of the month following the collection period above. Penalties and interest will be imposed on delinquent payments.

Gross Charges: _____
Deductions: _____
Nonstandard Adjustments*: _____
Net Taxable Charges: _____
Tax Rate: _____ 3.0%
Penalties: _____
Interest: _____
Total Remittance: _____

* Describe any nonstandard adjustments: _____

I hereby certify that the information as stated above is, to the best of my knowledge, true and correct.

Signature and Title

Date